

CALIFORNIA COASTAL COMMISSION

VOICE (415) 904-5200
FAX (415) 904-5400
TDD (415) 597-5885

**Waiver of the 49 Day Rule for an Appeal of a Local Government's Final Action on a Coastal Development Permit**

Local Government Application Number: _____

Coastal Commission Appeal Number: _____

Applicant Name: _____

Appeal Filing Date: _____

I, the applicant or authorized representative hereby waive my or the Applicant's right to a hearing within 49 days after the application or appeal has been filed with the Coastal Commission. Public Resources Code Sections 30621, 30625 (a). I request that the referenced application be scheduled:

☐ for consideration at the next possible Southern California Commission meeting.

☐ for consideration at the next possible Northern California Commission meeting.

I understand that the application may need to be scheduled without regard to the Southern/Northern California preference.

☐ for consideration after staff and I have had additional time to discuss the project.

THIS FORM SHALL NOT BE MODIFIED IN ANY MANNER

Date

Signature of applicant or authorized agent